File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319

Reset Form

| 510 E. 12", Ste. 1A Dee Moines, lowe 50319 Fax: 515-281-4073 | DISCLOSURE | NS, SEE BACK OF FORM SUMMARY PAG | E | F + | EIVED |
|---|--|---|----------------------------|---------------------------------------|----------------------|
| COMMITTEE NAME (Must be | same as on Statement of Orga | anization) | | JAN Z | 1 2008 |
| Kay Halloran Campaign | | | | FORM | |
| IMPORTANT: Indicate by # type of (1) Statewide/Legislative/Judge Sta (4) County Central Committee (5) Subdivision Candidate (8) County 11) Local Ballot leave | manning for restertion Candidate (| 7 IState PAC / 4 John Pare. | Political ion PAC (| DR-2 (Rev. 07/2007) | DISCLOSURE REPORT |
| CANDIDATE COMMITTEES OF | NI Y- | | | Comm. # | |
| Candidate Name Kay Halloran | | Political Party (if applic | able) | Logged in | |
| Office Sought Mayor of Cedar Rapids | | District (If Senate or Ho | use) | Computer | |
| Intil Hedge of Senature OF PERSON FILING MATURE OF PERSON FILING MATURE A 1-22-08 | G REPORT | 319-832-20 TELEPHONE | 98 . | /- 19-08 DATE SIG | NED |
| | t date) | REPORT FOR (1) ELEC | TION /(<u>2)N</u> ON | I-ELECTION YEAR | L |
| CHECK IF AMENDMENT TO R | • | Indica | te by # 2 | | |
| | reports until a DR-3 is filed.) | | which Ele | Local Committees, er clion is held | County in |
| SH ON HAND at the beginning committee. This amount | T OF CASH ON HAND of the reporting period. (Total MUST be the same as the cae d or must be zero if this is first | of all funds held by the sh on hand at the end | _ | 4.641.24 | |
| ADD TOTAL MONEY TA | KEN IN THIS PERIOD | report mea./ | \$ | | |
| Schedule A: Cash Contril | butions total (Attach Schedule | A) (*also see in-kind below) | | | |
| CONTRACT L' CORINE L'ECEI | Wed total (Attach Schedule F) | | | | |
| CONCOUNT (1. 10(3) SRIES (| or Campaign Property (Attach | Schedule H). | *************** | **** | |
| (Schedule H app | lies to Candidates' Commit | tees Only) | ************ | | |
| SUBTRACT TOTAL MON | EY SPENT THIS PERIOD | SUB-TOTAL | L,,,,,,,,,,,,,,,,,,,,,,,\$ | 4,641.24 | |
| Schedule B: Expenditures | total (Attach Schedule B) (**a nenta total (Attach Schedule F | also see debts and loans bei | ow) | 5.30 | |
| H ON HAND at the end of this o | eporting period (if final report) | balance must be seen | | 4.635.94 | |
| IPAID BILLS (From Schedule D | - Attach Schedule D) | 20 2010/ | | | |
| GND CONTRIBUTIONS (From 1 | Schedule E - Attach Schedule | E1 | \$ | | |
| TSTANDING LOANS (From So | hodule F - Attach Schedule E | <u> </u> | \$ | 70.500.00 | |
| SULTANT BREAKDOWN (Sch | edule G Attached?) | / ···································· | *********** | 20,500.00 | |
| DIDATE COMMITTEES ONLY: | · · · · · · · · · · · · · · · · · · · | | | _YES _√_NO | |
| | • | | | | |
| IE OF CAMPAIGN PROPERTY | | 'Ahadula UN | | | |
| JE OF CAMPAIGN PROPERTY TE COMMITTEES: Submit a red | ' (From Schedule H - Attach S | ichedule H) ink statement in January of e | \$ each year. | | |

| FOR INSTRUCTIONS, | SEE BACK OF | FORM |
|-------------------|-------------|------|
|-------------------|-------------|------|

| Reset Form | SCHEDULE | | | |
|--|-----------------------|------------------------------|--|--|
| COUNT | B (Rev. 07/03) | MONETARY EXPENDITURE: | | |
| ISLATIVE MN AND THE IOM THE IOWA | CHEC AME | OK THIS BOX IF NOING FORM | | |

| EXPENDITUDES MANEY A | |
|--|-----------|
| EXPENDITURES MONEY SPENT FROM COMMITTE | E ACCOUNT |

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWALE THICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Kay Hailoran Campaign

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|--------------------------------|--|--|-----------------------------------|--------------------|
| 07/31/2007 | ID# CK# | Liberty Bank 5210 Council Street NE Cedar Rapids, Iowa 52402 | bank service charge | \$ 5.30 |
| | ID# CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | D# | | | |
| | CK# | | | |
| 1 | D# | | | |
| (| CK# | | · | |
| | | | SUB-TOTAL | \$ 5.30 |

| THIS BOX APPLIES TO CANDIDATES' COMMITTEES ON | LY: |
|---|-----|
|---|-----|

Purchases of certain cempaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, edvertising, fund-reising, polling, menaging, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure mede by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lower Code OSA.402(3)(j.)

| Page | I | of | 1 |
|------|---|----|---|
| 5- | | ų, | |

TOTAL (if last page of this schedule) \$ 5.30

FOR INSTRUCTIONS, SEE BACK OF FORM

| | us crosure law nequires candidate making a contribution to the commit consening unity (blood relatives) and the same as candidate, but there is relationarily column when it applies. | | | | | | (MANIDOYIR) | Original source Provined, locate DATE NAM | NOTE: This schedule rep TOTAL UNIFAID LOANS | Kay Halleran Campaign |
|------------------|--|---|---------------------------------|---|--|---|--|---|---|-----------------------|
| | uscrosure law nequires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguintly (blood relatives) and affinity (relatives by marriage). If sumame of comhibutor is the same as candidate, but there is no fassitial relationship, enter 'not applicable' in the relationship column when it applies. | | TOTAL (PART) | | | · | (Include Endorser's Name, if Applicable) | (Original source of ban, such as a bank, must be shown if a third party is in-olved, include loans from candidate's personal funds.) DATE NAME AND ADDRESS OF JENNIED | NOTE: This schedule reports money loaned to the committee which is deposited in the committee account. TOTAL UNPAID LOANS FROMILAST REPORTING PERIOD \$ 20500.00 | Kay Halleran Campaign |
| | lationship of any relegions to the third degree. If the third degree is the third degree in the third deg | | | | | | TO CANDIDATE (Il Applicable*) | IG PERIOD hown if a third party is unds.) | which is deposited in 20500.00 | mizallon) |
| | ve e of butor is | | | | | | OF LOAN | | the committee ac | |
| | , | TOTAL OU | | | | | DATE PAID (MANDD/YR) | PARTII - N | zount. | |
| Page | | From Schedule E TOTAL LOANS FORGIVEN TOTAL OUTSTANDING LOANS END OF REPORT PERIOD | TOTAL CASH REPAYMENTS (PART II) | ÷ | | | NAME AND ADCRESS OF LENDER (Include Endorser's Name, If Applicable) | PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD (Loans forgiven must be reported on Schedule E — In-Aind Conhibutions) | | Reset Form |
| (for Schedule F) | | n , en | ru) \$ | | | | RELATIONSHIP TO CANDIDATE* (If Applicable) | REPORTING PEI - In-land Contribut | CHECK THIS BOX | (Rev. 07/03) |
| | | 20500.10 | | | | 4 | 1 | RUOC ions.) | CHECK THIS BOX IF | RECEIVED |